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APPLICANTS

Susanne H. Goodson, Warrington, PA;
 Klein A. Rodrigues, Signal Mountain, TN;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	PA	DRAWING 0	21	1
Verified and Acknowledged	<i>H. Roland</i> Examiner's Signature	Initials			

ADDRESS

Thomas F. Roland
 NATIONAL STARCH AND CHEMICAL COMPANY
 P.O. Box 6500
 Bridgewater , NJ
 08807-0500

TITLE

Controlled release materials

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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